BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10010344

j.	-10	CLAIMS AS	Column			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY											
TOTAL CLAIMS			2					RATE	FEE		RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00										
TOTAL CHARGEABLE CLAIMS			2 minus 20=		*			X\$ 9=		OR	X\$18=											
INDEPENDENT CLAIMS			/ minus 3 =		*			X42=		OR	X84=											
MULTIPLE DEPENDENT CLAIM P			RESENT	•				+140=			+280=											
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in d	column 2		TOTAL		OR	TOTAL	<u> </u>										
CLAIMS AS AMENDED - PART I								IOIAL		OR	OTHER	THAN										
		(Column 1)		(Colur	mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***	T OL 4114	=		X42=		OR	X84=											
	FINST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	CLAIM		ا ^ا	+140=		OR	+280=											
							L	TOTAL ADDIT, FEE			TOTAL ADDIT. FEE											
		(Column 1)	- Augusta	(Colu	mn 2)	(Column 3)		NODII. FEE I			ADDII. FEE											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
	Independent	* NTATION OF MU	Minus	***	- 01 4114	=		X42=	7	OR	X84=											
	FIRST PRESE	NTATION OF MIC	JUIPLE DEF	ENDEN	CLAIM		'	+140=		OR	+280=											
							L	TOTAL			TOTAL											
		(Column 1)		(Colur	mn 2)	(Column 3)	Α	ODIT. FEE		, , ,	ADDIT. FEE											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***	F OL 4111	=		X42=		OR	X84=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										\ \ \	TOTAL											
***	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."	^	_	ropriate box	•	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											